

Please fax to: \_\_\_\_\_ @ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID # \_\_\_\_\_ (508 – 517)

Dear Primary Care Provider:

Thank you for assisting the National Institutes of Health of the Department of Health and Human Services in this research study. The information you provide will be kept confidential, and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law. All identifying marks will be removed from your completed survey to ensure the anonymity of your response. If you have any questions regarding this survey, please don't hesitate to email me at HostetterT@extra.niddk.nih.gov. As a thank you to all respondents, we will be pleased to provide a summary of the final results when they are available.



Sincerely,

Thomas Hostetter, MD  
Director, National Kidney Disease Education Program

**Many of the questions below ask about current procedures in your practice – please answer these questions based on what your practice currently does and not what you would like to do for your patients. Your completed form should be faxed to: XXX XXX XXXX.**

1. Approximately how many active diabetes patients are there in your practice, i.e. patients for whom you personally provide regular care and who you see at least once per year? (Please give us a rough estimate.)

\_\_\_\_\_ [WRITE IN NUMBER]  
(108 – 111)

2. Please estimate what percentage of these active diabetes patients receives each of the following procedures at least once a year as part of their routine care for diabetes. (RECORD A PERCENTAGE AT THE RIGHT OF EACH PROCEDURE.)

	<u>Percentage</u>	<u>I do not use this test</u>
a) Dilated Retinal exam .....	_____ % (122-24).....	<input type="checkbox"/>
b) 24 hour urine for creatinine clearance .....	_____ %.....	<input type="checkbox"/>
c) 24 hour urine for albumin or protein excretion .....	_____ %.....	<input type="checkbox"/>
d) Spot urine albumin/creatinine ratio.....	_____ %.....	<input type="checkbox"/>
e) Dipstick for proteinuria/urinalysis .....	_____ %.....	<input type="checkbox"/>
f) Dipstick for microalbuminuria.....	_____ %.....	<input type="checkbox"/>
g) Lipid profile .....	_____ %.....	<input type="checkbox"/>
h) Hemoglobin A1c.....	_____ %.....	<input type="checkbox"/>
i) Serum Creatinine .....	_____ %.....	<input type="checkbox"/>
k) Foot exams .....	_____ %.....	<input type="checkbox"/>
l) Other (Specify): .....	_____ % (152-54) .....	<input type="checkbox"/>

3. When discussing negative outcomes of poorly controlled diabetes in your conversations with patients who have diabetes, which of the following do you routinely emphasize? (CHECK ONE BOX AT THE RIGHT OF EACH OUTCOME.)

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Stroke?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Blindness? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Amputation? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Kidney disease/kidney failure? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Premature death? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Some other outcome? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Heart attack? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(Specify): .....	<b>8</b>	

Not applicable/I do not counsel patients regarding their diabetes. .... ☐ (168)

4. Approximately how many active hypertension patients are there in your practice? i.e. patients for whom you personally provide regular care and who you see at least once per year? (Please give us a rough estimate.)

\_\_\_\_\_ [WRITE IN NUMBER]  
(208 – 211)

5. Please estimate what percentage of these active hypertension patients receives each of the following procedures at least once a year. (RECORD A PERCENTAGE AT THE RIGHT OF EACH PROCEDURE.)

	<u>Percentage</u>	<u>I do not use this test</u>
a) Dilated Retinal exam .....	_____ % (222-24).....	<input type="checkbox"/>
b) 24 hour urine for creatinine clearance .....	_____ %.....	<input type="checkbox"/>
c) 24 hour urine for albumin or protein excretion .....	_____ %.....	<input type="checkbox"/>
d) Spot urine albumin/creatinine ratio.....	_____ %.....	<input type="checkbox"/>
e) Dipstick for proteinuria/urinalysis .....	_____ %.....	<input type="checkbox"/>
f) Dipstick for microalbuminuria.....	_____ %.....	<input type="checkbox"/>
g) Lipid profile .....	_____ %.....	<input type="checkbox"/>
h) Hemoglobin A1c.....	_____ %.....	<input type="checkbox"/>
i) Serum Creatinine .....	_____ %.....	<input type="checkbox"/>
k) Foot exams .....	_____ %.....	<input type="checkbox"/>
l) Other (Specify): .....	_____ % (252-54) .....	<input type="checkbox"/>

6. When discussing negative outcomes of poorly controlled hypertension in your conversations with patients who have hypertension, which of the following do you routinely emphasize? (CHECK ONE BOX AT THE RIGHT OF EACH OUTCOME.)

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Stroke?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Congestive heart failure? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Amputation? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Blindness? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Premature death? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Kidney disease/kidney failure? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Heart attack? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Some other outcome? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
			(Specify): .....	<b>8</b>	

Not applicable/I do not counsel patients regarding their hypertension. .... ☐

7. For each risk factor below, please check the box that best indicates how much you believe the risk factor increases a patient's risk for CKD, i.e., chronic kidney disease or chronic renal insufficiency. (CHECK ONE BOX AT THE RIGHT OF EACH RISK FACTOR.)

	<u>Does not increase risk at all</u>	<u>Increases risk slightly</u>	<u>Increases risk moderately</u>	<u>Increases risk greatly</u>	
a) Race - African American.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	(308)
b) Gender – Male .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c) Diabetes.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
d) Hypertension.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
e) Urinary tract infections.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
f) Kidney stones.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
g) Smoking .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
h) Family history of kidney failure.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
i) Multiple pregnancies .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	(316)

8. Based on your experience and knowledge, how effective is early detection and treatment in stopping or significantly slowing the progression of **CKD** in each of the following conditions? (CHECK ONE BOX AT THE RIGHT OF EACH CONDITION.)

	Early detection and treatment is...				
	Not at all effective	Slightly effective	Moderately effective	Very effective	
a) CKD in Diabetes patients.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	(317)
b) CKD in Hypertension patients.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
c) Polycystic kidney disease.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

9. Consider the following example: You have a 65-year-old Caucasian woman patient who weighs 50 kg/110 lbs and has had diabetes (HbA1C 8.0) and hypertension (BP 138/90) for several years. For each index below, please indicate the level at which you would make the diagnosis of CKD.

a) Creatinine level.....	_____ (mg/dl)	<input type="checkbox"/> Do not use this index
b) Albumin/creatinine ratio .....	_____ (mg/mg)	<input type="checkbox"/> Do not use this index
c) Proteinuria.....	_____ (mg/24 hrs)	<input type="checkbox"/> Do not use this index
d) GFR.....	_____ (ml/min)	<input type="checkbox"/> Do not use this index

10. Based on the diagnosis of early CKD in the patient above, which of the following steps would you typically do? (CHECK ONE BOX AT THE RIGHT OF EACH STEP.)

	Yes	No		Yes	No
Aim for lower blood pressure?...(341)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Caution patient against NSAID use? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Measure lipid profile?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Counsel patient to reduce protein intake? ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Consider use of diuretics? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Provide educational materials? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Aim for tighter glycemic control?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Refer the patient to a specialist? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Prescribe ACE inhibitors or ARBs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Monitor kidney function more closely? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(Angiotensin Receptor Blockers)? ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Take some other step?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Prescribe Calcium Channel			(Specify): _____		<b>8</b>
Blockers? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>			

11. Of the following guidelines, which have influenced your practices and procedures for treatment of CKD? (CHECK ONE BOX AT THE RIGHT OF EACH GUIDELINE.)

	Yes	No		Yes	No
American Diabetes Association			PARADE? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(ADA) Position Statement on			Kidney Disease Outcomes Quality		
Nephropathy? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Initiative (K/DOQI) Risk Stratification? ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Joint National Committee			Veterans Administration (VA)		
Report VI (JNC VI)? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Guidelines? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

12. Do you estimate GFR from serum creatinine using a calculation? (CHECK ONE BOX.)

4 <input type="checkbox"/> Always	2 <input type="checkbox"/> Sometimes	0 <input type="checkbox"/> Not applicable/My lab reports GFR to me
3 <input type="checkbox"/> Often	1 <input type="checkbox"/> Never	

13. How often do you discuss results of tests of kidney function with patients who are at risk for CKD? (CHECK ONE BOX.)

4 <input type="checkbox"/> Always, regardless of result	2 <input type="checkbox"/> Sometimes
3 <input type="checkbox"/> Always, when there's a problem	1 <input type="checkbox"/> Never

14. How often do you typically discuss CKD with at-risk patients? (CHECK ONE BOX.)

5 <input type="checkbox"/> Always—during every visit	2 <input type="checkbox"/> Rarely	(36)
4 <input type="checkbox"/> Frequently—at nearly every visit	1 <input type="checkbox"/> Never	5)
3 <input type="checkbox"/> Occasionally—during some visits		

15. Of the following topics, which do you routinely discuss with patients at risk for CKD? (CHECK ONE BOX AT THE RIGHT OF EACH TOPIC.)

	<u>Yes</u>	<u>No</u>	
How kidneys function and why they are important?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(408)
How kidney disease affects various organs and organ systems?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
The severity and/or possible complications of kidney disease? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Options for treatment of kidney failure?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
The importance of controlling hypertension and diabetes to prevent progression of kidney disease? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Other ways of preventing or slowing its progression? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Not applicable/I do not usually discuss CKD with at-risk patients .....			<input type="checkbox"/>

16. On the following scale from 1 to 10, please mark the number that best indicates how confident you are that you can explain CKD to your patients in a way that they understand. (CHECK ONE BOX.)

Do Not Feel At All Confident										Feel Very Confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	

17. Do you have sufficient tools and materials to discuss kidney disease with your patients? (CHECK ONE)

1 ☐ Yes  
2 ☐ No  
3 ☐ Not sure

18. Of the following materials, which do you typically use to discuss CKD with your patients? (CHECK ONE BOX AT THE RIGHT OF EACH MATERIAL.)

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Brochures? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Internet sites? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Posters? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Videos? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Flowsheets or flowcharts? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Some other material? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Models? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	(Specify):_____	<b>8</b>	
Not applicable/I do not use any material when discussing CKD with my patients ..... <input type="checkbox"/>					

19. In the last year, has the discussion of CKD in the medical community increased or decreased? (CHECK ONE BOX.)

1 ☐ Increased  
2 ☐ Decreased  
3 ☐ Stayed about the same  
4 ☐ Don't know/not sure

20. In the last year, has your patients' awareness of CKD increased or decreased? (CHECK ONE BOX.)

1 ☐ Increased  
2 ☐ Decreased  
3 ☐ Stayed about the same  
4 ☐ Don't know/not sure

21. In the last year, have you heard more or less about CKD than you did in previous years? (CHECK ONE)

1 ☐ Have heard more  
2 ☐ Have heard less  
3 ☐ About the same  
4 ☐ Don't know/Not sure

(434)

**Please tell us a little about yourself.**

22. Are you a... (CHECK ONE BOX.)

- ☐ Family physician (435)  
☐ General Practitioner  
☐ Internal medicine (What is your sub-specialty, if any? \_\_\_\_\_)  
☐ Nurse practitioner → Skip to Question 24  
☐ Physician's assistant → Skip to Question 24

23. Are you board certified? (CHECK ONE BOX.)    ☐ Yes    ☐ No

24. How long have you been in practice since completing your residency/training? (CHECK ONE BOX.)

- ☐ Less than 5 years                      ☐ 11-15 years  
☐ 6-10 years                                ☐ More than 15 years

25. What is your practice setting? (CHECK ONE BOX.)

- ☐ Solo or group private practice                      ☐ HMO/managed care  
☐ Community health clinic                              ☐ Other (Specify): \_\_\_\_\_  
☐ Hospital based

26. Please tell us about the composition of your patient population by assigning rough percentages to the following categories. [The total should equal 100%.]

African-American/Black ..... %  
 Asian or Pacific Islander ..... %  
 Caucasian/White ..... %  
 Hispanic ..... %  
 Native American ..... %  
 Other ..... %

**TOTAL                                      100%**

27. What is the zip code of your practice? \_\_\_\_\_

**Thank you for your participation. To receive your honorarium please complete the information below and fax this completed form to XXX-XXX-XXXX.**

Please send honorarium to: (PLEASE PRINT)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Would you like NIH to send you a summary of these results when available?    ☐ Yes    ☐ No    (476)

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA 0925:0515. Do not return the completed form to this address.